No 5573.149
No. 265-271

BY
U. S. Children's Bureau

# Recording Child-Welfare Services

Bureau Publication No. 269

UNITED STATES DEPARTMENT OF LABOR
CHILDREN'S BUREAU
1941

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS, Secretary
CHILDREN'S BUREAU – KATHARINE F. LENROOT, Chief

# RECORDING CHILD-WELFARE SERVICES

## REPORT OF THE COMMITTEE ON CASE RECORDING IN PUBLIC CHILD WELFARE AGENCIES IN RURAL AREAS

**Bureau Publication No. 269**

UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1941

For sale by the Superintendent of Documents, Washington, D. C. - - - - - Price 10 cents

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# LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
*Washington, May 12, 1941.*

MADAM: There is transmitted herewith Recording Child-Welfare Services, the report of the Committee on Case Recording in Public Child Welfare Agencies in Rural Areas.

The report was developed through study and discussion by a group of persons representative of the Nation-wide experience in rural child-welfare work made possible under the Social Security Act. That such a report could be prepared, addressed to a professional body of workers serving children in every State and Territory, is highly significant of the progress that has been made in the last 5 years. Child-welfare services of the kind described in the report should be extended as rapidly as possible, so that children everywhere may have full social protection at the time and in the measure their needs may require.

In order to develop sound principles of case recording the committee has had to consider and define the basic principles of case treatment, and the value of the report reaches far beyond the usefulness of the record and extends to the quality of the treatment process as it is being developed within the structure of public-welfare services.

The Bureau is deeply indebted to the members of the committee for the time and thought which they have given to the undertaking. Thanks are due especially to the chairman, Bessie E. Trout, of the New York State Department of Social Welfare. Emma O. Lundberg, of the staff of the Children's Bureau, worked with the committee throughout its discussions and in the preparation of this report.

Respectfully submitted.

KATHARINE F. LENROOT, Chief.

Hon. FRANCES PERKINS,
*Secretary of Labor.*

# Foreword

State programs for child-welfare services in rural areas which have been developed during the past few years with the aid of Federal social-security funds have had, as their first requirement, personnel equipped by training and experience to deal with children's problems. Thus in rural areas where formerly there was little provision for social services for children an opportunity has been provided for establishing procedures of social treatment based on essential case-work principles.

The plan for a study of case recording with particular reference to public child-welfare services in rural areas had its origin in one of the sessions of a conference of heads of State child-welfare divisions and supervisors of child-welfare services held in Washington under the auspices of the United States Children's Bureau in April 1938. So much interest was shown that the group voted to explore the subject further through a continuing committee. A Committee on Case Recording in Public Child Welfare Agencies in Rural Areas was accordingly appointed by Mary Irene Atkinson, Director of the Child Welfare Division of the Children's Bureau.

The committee was composed of persons administering or supervising State programs financed in part by Federal social-security funds for child-welfare services in rural areas. All the members were experienced in private social-service agencies as well as in the public field.

The committee began its work in the fall of 1938, and the following persons have served as members:

Bessie E. Trout, *New York*, Chairman.

Minnie Alper, *Missouri.*
Inez Baker, *Florida.*
Wilhelmina Baughman, *Virginia.*
Mary L. Buckley, *Connecticut.*
Elizabeth Cooper, *Michigan.*
Paula Frank, *Louisiana.*
Louise Griffin, *Indiana.*
Helen C. Hubbell, *Pennsylvania.*
Edythe J. Michell, *New Jersey.*
Cordelia Trimble, *Wisconsin.*

Emma O. Lundberg, Adviser from the United States Children's Bureau

Five of the members have worked on the committee continuously since the beginning; the others have served for shorter periods, membership having terminated for those no longer on the staffs of State welfare departments, and new appointments having been made to fill vacancies. In addition to the designated members, several persons

representing other fields of social service have participated in meetings as guests of the committee, bringing into the discussion a wider range of interests. The results of group discussion and experimentation by child-welfare workers in several States have assured consideration of the practical application of the committee's proposals.

As a basis for its discussions the Committee on Case Recording in Public Child Welfare Agencies in Rural Areas adopted the concept of public-welfare services for children which was later incorporated in the recommendations of the White House Conference on Children in a Democracy:

> Social services to children whose home conditions or individual difficulties require special attention should be provided in every county or other appropriate area. * * * In a complete community program the local public-welfare department should be able to provide all essential social services to children, either directly or through utilizing the resources of other agencies. Public and private agencies should cooperate in a program which will assure the proper service to every child in need. * * * Public-welfare services should be available to every child in need of such help without regard to legal residence, economic status, race, or any consideration other than the child's needs.[1]

The report presented by the committee which undertook this study undoubtedly has a broader application than its designation would indicate, but it is directed primarily to the 500 local child-welfare workers now engaged in providing child-welfare services in the most neglected areas of need, and to the workers in State welfare departments who are helping them to develop adequate service.

The central theme of the committee's report is that the welfare of the child depends upon the welfare of his family. The principles of case recording are discussed from the point of view of services needed by children and not from the point of view of agency functions. Case recording is dealt with as an integral part of case treatment, and the discussions of the committee are therefore focused upon the principles of adequate case treatment related to the total needs of individual children. The committee considers that the most important purpose of the case record is to serve as a guide to clear understanding of the problem and definite direction of treatment. It holds that the recording process should be of definite value to the child, to the community, and to the worker.

After 2 years of work, during which there have been four meetings of the entire committee and three meetings of subcommittees as well as much interchange of ideas through correspondence, the committee submits its report, in the hope that it may contribute to the thinking

[1] Children in a Democracy—General Report Adopted by the White House Conference on Children in a Democracy, January 19, 1940, p. 64. Children's Bureau. Washington, 1940.

and the practice of those engaged in developing State and local programs of child-welfare services. The members of the committee recognize the need for review of its proposals in the light of further experience in this field of public service, which is still at a pioneer stage. As workers apply the principles outlined to the day-by-day tasks involved in administering child-welfare services in local communities, the committee will appreciate receiving suggestions growing out of their experience in recording.

EMMA O. LUNDBERG.

# RECORDING CHILD-WELFARE SERVICES

*Report of the Committee on Case Recording in Public Child Welfare Agencies in Rural Areas*

## The Committee's Plan of Work

The need for clarification of the purposes and methods of case recording in relation to case treatment was brought out in an informal discussion of case recording at the Washington conference of State and local child-welfare workers in 1938. Points emphasized in the discussion included the need for recognizing the importance of the social case record; for protection of the confidential nature of case records of public child-welfare agencies; for avoidance of verbose and inaccurate recording; and for defining more clearly what should go into the record.

The Committee on Case Recording in Public Child Welfare Agencies in Rural Areas, which was appointed at the request of the conference group, defined its field in terms of a broad concept of "child-welfare services," within which special types of treatment might require special consideration in connection with recording. Types of service dealt with by child-welfare workers and problems of "intake" were considered in relation to the whole area of possible services to children for which local public agencies have responsibility and not from the point of view of specialized kinds of care.

Provision of workers equipped by training and experience to give constructive service is the first requirement of an adequate program of child-welfare services. Therefore, the committee, while recognizing the necessity of temporarily adapting record keeping to conditions now existing in the majority of local units, directed its attention to developing a workable philosophy of case recording in rural areas where child-welfare personnel approaches adequacy, hoping in this way to set a practicable standard toward which all local units may move as rapidly as staff equipment permits.

The committee began its work by attempting to clarify its thinking in relation to the purpose and content of the case record. It hoped to find a proper balance between essential content of case records and

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the development of the child-welfare program in the community, giving due consideration to the specializations in the child-welfare field as well as to the relationship between child-welfare work and other social-welfare activities within the local public-welfare department. The committee considered its function to be the defining of fundamental principles which directly relate case recording to case treatment.

Tentative premises were formulated by the committee as a basis for the development of principles of recording public child-welfare services in rural areas. As the work progressed, the conclusions reached by the committee were submitted to various groups of local child-welfare workers for discussion and experimentation to determine their practicability. Following each meeting of the committee summaries of the discussion were sent to a large number of State and local workers throughout the country.

The committee had little to follow in the way of a standard of adequate recording of child-welfare services in either the private or the public field, in urban or in rural areas. Patterns for recording child-welfare work have been developed in the past mainly by child-caring agencies in the larger cities, and therefore they do not meet fully the needs of public-welfare agencies in other than urban areas. The committee approached the problem through the experiences of persons directly concerned with the development of child-welfare services in rural areas under the State programs inaugurated with the aid of Federal funds made available through the Social Security Act.

Although the committee has worked from the immediate experience of a public agency, it has seen many problems of case recording as common to public and private agencies and to those in urban as well as in rural communities. It therefore believes that the material in its report may be applicable in a wider area than that with which the committee was immediately concerned.

In submitting this report the committee wishes to make clear its recognition of the difficulties involved in adequate case recording, especially under the conditions which accompany service in rural areas where the natural inhibitions and resistance which most workers have with regard to case recording are added to the pressures of "doing the job." Even those workers who feel quite secure in their performance of case work often find it difficult to make a report of the processes and results, and perhaps no skill involved in the case-work procedure is harder for the new worker to acquire.

In the growth of the practice of social case work there has been a lag in the development of techniques of recording in comparison with the development of treatment methods. This has been true of agencies in cities as well as in rural communities, even in agencies operating largely in the field of specialized or intensive treatment.

In relation to social services for children this is probably due to the rapid development of philosophies and techniques.

The difficulties which workers in public child-welfare agencies experience in case recording are often related to factors inherent in the particular setting in which they work. All requests for service which come to a public child-welfare agency must receive attention; the agency cannot select certain types of cases with which it will deal and reject those that do not come within a prescribed definition. In theory, social service to families is the function of family-welfare agencies; in practice, especially in rural areas at this time, families come to the attention of public agencies when they are in need of relief or make application for aid under one of the public-assistance categories, and the child-welfare agency is looked to for social services which should be provided by, or in cooperation with, a family-welfare agency. The pressures of work which accompany the responsibility for diverse services make it difficult for the child-welfare workers to practice systematic recording.

Even when public officials recognize the need for recording and provide adequate stenographic service and privacy of office quarters, the rural case worker may find it difficult to plan for uninterrupted dictation periods because of the demands made upon the public agency.

Rural pleasantries and informal chats, which can be of very great value to the worker in aiding her understanding of her clients and the community, make inroads upon her working day, and discipline and judgment must be exercised in utilizing information obtained in this way. The mass of information which is available where families are known to all the inhabitants of the community makes it difficult to select material pertinent to the record and may lead to discursive entries and unnecessary detail, or to omission of essential information because it is too much in the foreground to be seen in its proper perspective.

Recording is a skill which cannot be developed without effort. In some instances inadequate recording is an indication of the worker's inability to organize her work successfully. Workers need to become aware of the reasons for their difficulties so that through self-discipline and organization of their work they may produce the adequate records.

Consideration must be given to modifications in recording mechanisms required because of limited resources, community attitudes, and the pressures of work in rural communities, but the conditions which interfere with systematic recording make it all the more necessary that the purpose of the case record shall be understood and that the items essential to analysis of child-welfare problems and case treatment shall be included in the record.

# The Case Record

## Purpose of the Case Record

*The primary purpose of the child-welfare case record is to supply information which is needed for case treatment.*

The case record sets forth the problems which are to be dealt with in the case-treatment process. It is an essential instrument of treatment, facilitating analysis and clarification of problems and development of succeeding steps in case treatment. It makes available information needed for continuous evaluation of results and replanning.

Adequate recording is essential in order that there may be continuity when there is change of workers. Unnecessary repetition of requests for information is avoided when facts are recorded in such a way that they are readily available. In certain specialized services, such as foster care, the record preserves vital facts concerning the child's origin and his family circumstances.

*The secondary purpose of the case record is to furnish data on the nature and causes of social problems and the ways in which they may be dealt with constructively.*

This information is needed in order that the community may plan its social-welfare program intelligently and may provide the necessary resources for meeting the needs of children whose home conditions or individual difficulties or disabilities require special attention. The case record is especially valuable as a means of interpreting to public officials the nature of the responsibility for the social welfare of children which must be assumed by the public agency.

*The record is administratively important because the reason for expending public funds for child-welfare service must be justified, even though payment for the care of the child is not involved.*

It is important that there shall be a record which shows clearly the way in which existence of need was determined and the services which were given. Child-welfare service is something definite and definable. The development of public service requires a foundation of knowledge in regard to the nature of the problems which come to the attention of public-welfare departments and the methods by which these problems are dealt with constructively.

In administration of public-assistance categories, emphasis is placed upon eligibility for the particular type of aid; this makes it necessary to obtain certain specified information from the applicant, usually

in the form of a signed statement. In connection with social services for children, however, to quote from the report of the recent White House Conference, "There should be no question of eligibility for service based on legal residence, economic status, race or nationality, or any consideration other than the child's need." The basis for giving service is, therefore, the need for some form of service to the child or in his behalf. In ascertaining need, with relation to child welfare, economic conditions may be involved, but they are not determining factors. The public department needs the protection of adequate records in regard to social factors in child-welfare services no less than it needs data in support of financial aid in its administration of public assistance.

## Values of the Recording Process

*Case-work recording has specific values for the individual who is being given assistance, for the case worker, and for the social agency.*

Recording demands clear thinking in regard to the problem and the purpose of the treatment which has been undertaken. Through the analysis which is requisite for clear and adequate recording, the worker obtains an understanding of the total situation which helps her to focus upon the selection of material for the record relating to those happenings, attitudes, feelings, and relationships which are pertinent to the case study and upon which treatment is to be planned.

Selection of material determines the length of records and their resulting cost to the agency. Poor selection of material may result in costly records, either because information is too brief for adequate treatment or because it lacks pertinence or because it is too verbose for practical use.

*The process of careful selection of material, essential to good recording, helps to develop the worker's judgment, imagination, and perspective, and therefore increases her ability to use her case-treatment knowledge and her case-work skills.*

The selection of material for the case record must be largely a matter of the worker's judgment in the light of the use the material will have in connection with treatment. The self-discipline required for this purpose is especially necessary for the worker in rural areas where it is easy to excuse sketchy records because the worker "knows more than appears in the record," or where records crowded with information about the individual and his environment, easily obtained, may be mistaken for detailed recording of material essential to understanding of the individual and of the way in which he is being affected by influences or conditions in his environment. It is necessary for the worker to strive toward objectivity in evaluating the subjective

factors which are always present during an interview and in seeing her place in the total case-work process.

*The analyzing and clarifying of information which is a part of the process of recording is necessary in planning successive steps in treatment.*

In the process of recording the worker selects from the information at hand what should go into the record. She must decide whether the information has a bearing on treatment—how the individual is affected by the conditions under which he lives, how he is meeting his situation, and where he needs or wishes help. This process should reveal to the worker whether or not the information is essential, where information is inadequate, and whether there are inaccuracies which affect its use as a basis for understanding the situation upon which continuing treatment must be planned.

In the selection of material for the record, the worker must consider when to include the process by which treatment is given. This selection should be determined by the nature of the treatment—whether the process of giving treatment is actually a part of the treatment itself and therefore is essential information, or whether the process is incidental to the treatment and may be recorded briefly. A single case record, therefore, may show the process fully recorded at particular points and not at others.

*The case-worker should find the process of recording increasingly valuable in her own professional growth.*

A worker has the initial responsibility for her own development, and the help given her through supervision should supplement the help which she is able to give to herself. Because of her analysis and evaluation of the case content, the worker is able to utilize supervision in a way that would not be possible without this advance preparation. The experience of the worker through the recording process is, therefore, of greater value in the supervisory conference than any use the supervisor may make of the record through reading it. The recording process, which affords the case worker a dynamic experience in self-supervision, is particularly valuable in the agency where the worker is alone and does not have the benefit of the stimulation and assistance of a case-work supervisor and must, therefore, depend entirely on herself for continued development of her case-work skills.

## Principles of Case Recording

*The fundamental principles of case treatment, and therefore of case recording, are the same regardless of the setting—urban or rural—and the structure of the agency.*

In all social services involving children the principles of case work should be applied. The child's problem should be considered in the

light of his individual characteristics and his needs, the situation in his home, and the family and community resources that may be brought to bear on the solution of his difficulties. The case record should show that these case-work principles have been applied and should give a clear picture of the problems with which the agency undertakes to deal and the way in which it approaches its task and carries out treatment.

*A good record shows case procedure within the community setting and is related to the development of the agency's program.*

Although fundamental principles of case treatment are the same in rural and in urban areas, there are forces in the rural setting which call for adaptation of methods and for differences in approach to treatment.

Comprehensive public social services for children have been established only recently in rural areas and have not yet reached the point where the nature of case treatment or the importance of the case record is fully understood. As in any newly developing service which is dependent in part on the understanding of the public, certain adaptations in practice related to the growth of the service may be necessary. However, necessary modifications should be considered not as permanent alternatives but rather as progressive steps toward adequate treatment and adequate recording. They should not be construed as inherent in the rural setting or in the structure of the agency.

The case record, therefore, should be evaluated according to how clearly it shows what service is needed and how the need is being met in the light of the community setting and the development of the program, and not according to some preconceived notion as to form, nor as a literary production.

*The case record must be sufficiently concise to make its use practicable. Clarity of expression and accuracy of statement are essential.*

The reading time of the record should be given consideration in relation to the total value of the record for treatment. Unless the record can be read conveniently, and through its rereading can serve for continual reevaluation of treatment, its usefulness is greatly lessened. The accepted rule of writing—that there should be unity, coherence, and emphasis—is particularly applicable to record writing. The record should include only material that is pertinent to the situation; it should not contain information which has no bearing upon the problems involved or which cannot be substantiated. Material for inclusion in the case record should be organized from the worker's informal notes; the record should not be used as a catch-all for miscellaneous information.

Brevity of record entries should be considered in relation to the essential completeness of the information; cutting and eliminating

of material should not be done merely for the purpose of condensing the record. Completeness of the record should be judged in terms of information which has significance in relation to treatment and not on the basis of detail of material. A record may be full during a particular period when the kind of treatment given requires detailed recording of the process, whereas at another period the nature of treatment may allow briefer recording.

Records should be as concise as possible but should include the material essential to good case treatment. To meet this requirement the case worker must give time and thought to the organization and selection of material prior to dictation. The values of selective recording which reduces the record to minimum length warrant the extra time required. Such a record is more usable by the worker and by the agency in giving services. It is also more economical in that it cuts to a minimum the reading time required of succeeding workers and those in the agency who have supervisory or administrative responsibility, and it reduces the stenographic time as well as the amount of paper and file space needed.

*Information should be obtained and recorded at the time when the agency needs such information for the purpose of treatment.*

Information obtained should be relevant to the problem presented and sufficient for the purpose of initiating treatment. There should be an obvious relation between the information obtained by the worker and the help that is to be given. Facts in regard to the family history of a child or knowledge of his early developmental history, for example, should ordinarily be obtained if and when such information is essential in order to give the child the help he needs, and not as a routine procedure in all investigations. Under certain conditions, however, it may be necessary to obtain and to record information in advance of its apparent bearing upon the child's problem, especially if there is a possibility that the source of information might not be available when needed. This procedure would relate particularly to cases where adoption is contemplated or in other instances where parents will not continue to have responsibility for the child.

When certain types of treatment are indicated, such as study by a psychiatrist, foster care, or other specialized service, data pertinent to this treatment should be obtained and recorded. If technical data are required for services by a clinic or special type of agency, the information may be obtained either by the clinic or by the child-welfare worker. The case record of the public child-welfare agency should not duplicate the record of the agency giving specialized service but should summarize the facts that are of importance in the general plan of treatment of the child and should incorporate a report from the specialized agency.

*Sufficient time for planning and dictating the record and adequate stenographic services are essential to good recording.*

These requirements should be considered and planned for by the agency as a necessary part of the program of social services to children.

Regularity of dictation is important to good recording. Unless dictation is given the same importance as other phases of the work, it easily becomes something to be done when nothing else is pressing. The time required for recording depends upon the time spent in interviewing. However, the ability to achieve adequate recording has a direct bearing upon the worker's case load, because of the short-cuts in treatment which must be resorted to where the case load is too heavy and the psychological effect of pressure of work to be done. Infrequent and shortened interviews result in inadequate information for the record, and case treatment may be ineffective because it is not given at the time when it is needed. Methods must be devised which will facilitate adequate recording regardless of the size of the case load.

In planning for recording it is important to consider the following points: Time is needed for preparation for dictation; this includes organization of notes on the interview and careful selection of material which should go into the record. Frequent dictation periods are desirable; notes "grow cold" if they are not dictated relatively soon, but, on the other hand, daily case recording may not allow sufficient time to give perspective.

Recording time is related to time spent in interviewing. The worker has only so much interviewing time each week, regardless of the proportion of her whole case load which she can cover. Therefore, her dictation schedule should be planned in relation to the time necessary to record her interviews. However, additional time should be allowed for dictation of necessary letters and reports; such dictation must be done at more frequent intervals than dictation of material for case records.

## Style of Recording

The way in which information is recorded depends on the nature of the information, the way in which it was secured, and its subsequent use for treatment. A single record, therefore, may contain different styles of recording. The process of determining social need and discovery of the causes of such need, for example, should show the sequence of the interview and the interaction between the worker and the individual. This can generally be shown most satisfactorily through chronological recording in story or narrative style. The chronological narrative style of recording, which shows the sequence of the subjects discussed and the response of the individual, is gen-

erally essential when the process of securing the information is largely through the relationship between the worker and the individual, as in the early interviews when the need for treatment is being determined.

Material recorded in chronological narrative style needs some device which will facilitate its use for ready reference and which will give emphasis to particular points. One of the most effective methods is the use of headings in the margin. If need is indicated for special types of information, such as that required for a health clinic or a child-guidance clinic, the information can be more readily used if summarized under topical headings. This is true particularly if the information is secured through interviews for the purpose of obtaining specific facts.

Summary recording may be used for various purposes, and may, therefore, appear at different points in the record where it would facilitate use of material, rather than as a routine method of recording. To summarize certain kinds of treatment, where the interplay of response between individuals is essential information for the record, requires both time and skill in the recording process and generally can be achieved only by experienced workers. However, when treatment can be summarized without the loss of significant elements in the interviews, summary recording has particular value (especially in the record of continued long-time treatment) because of its brevity and conciseness. In relation to certain kinds of treatment, for example, in arranging for vocational or medical assistance or in an instance where the facts rather than the process of securing them are important, summarization is the most desirable style for recording. In instances where unusually frequent visits are required—several visits a week, for example—summary recording may be used to give clarity and perspective.

Planned summarization of material should not be confused with "summarized recording" that is occasionally necessary because of an accumulation of unrecorded material, which must be brought up to date and which is not a part of current recording.

As treatment continues some device is needed to high-light trends in treatment. One of the most useful devices to clarify the direction treatment is taking is periodic evaluation. This appears in the record at stated intervals, every 6 months, for example, and is a brief review of direction of treatment for this period of time, its effectiveness, and any changes that seem advisable. It may or may not be as sharply defined as the more diagnostic elements in planning, and it is written periodically regardless of the point of development of treatment. Such evaluations if typed in red ink can be referred to more readily and also serve to break the monotony of the long record.

## Protection of Records

Social case records should be protected against use which may result in harm to individuals. Workers who appreciate the confidential nature of the case records represent the greatest protection to records. Legislative methods and devices for the education of public opinion have been used to bring about the protection of records. Continuous interpretation to public officials, agencies, and the general public of the purpose of the case record tends to minimize the danger of misuse of the record.

The need for protection of records is greatest in the early stages of development of the social-welfare program in the community, before the reasons for its protection are fully recognized. Lack of professionally trained staff is frequently associated with the lack of protection of confidential material, particularly in rural communities where professional practices are not yet fully established and where there is likely to be less formality in regard to discussion of matters relating to individuals. Restraint in the wording of the record may give some protection without reducing the value of the record.

Two points of view regarding the interpretation of "confidential use" of the record are, as reflected in agency practice:

(*a*) The case record should be used only by the agency by which it was written. Information to other agencies should be given by individual interpretation, together with written summaries of record information.

(*b*) The case record should be shared with other agencies which participate in treatment. Values in interagency use of the record include interpretation through joint conference of what the agency is doing and its method of giving service. Through reading the record agencies representing specialized fields of service are enabled to interpret material which is significant to them in their treatment.

When use of the record for legal or court purposes is requested safeguards should be considered, such as a summary which includes only material relevant to the question at issue. When requests are made for record material consideration should be given to the distinction between information which may have a bearing upon court action and other types of social information. Exchange of case records between social agencies should be given thoughtful consideration and should be practiced so far as possible only in relation to agencies which have an understanding of the problems.

# Content of the Case Records

## Recording Related to Treatment

Treatment should be developed in the light of services needed by the child. Therefore the case record should set forth clearly the existence and the nature of the need and the method by which it is determined that given forms of service are to be provided. It should show the way in which the need was met by the public-welfare agency itself or that it was referred to some public or private agency equipped to give the needed service.

The content of the record kept by the public child-welfare agency varies in accordance with the problem, the nature of the services undertaken by the agency, and the relationship between these services and those provided for the family or for the individual children by other agencies. The record should reflect the principles of adequate child-welfare services, whether it pertains to services given by the child-welfare worker alone or to summaries of treatment provided by other agencies.

Consideration of the family situation is inseparable from case work with children. Therefore, the record should show what is being done in relation to the family, whether by a family assistance and service agency or by the child-welfare agency itself. When case work with the family is being carried by a family-welfare agency, a summary of the plan should be incorporated in the record kept by the child-welfare agency, and likewise the child-welfare agency should provide for the family-welfare agency a summary of its treatment.

Service to a child should continue as long as the need for service exists, and throughout this period there should be a record of the social services provided for the family as well as a record of services given to the child. This applies to children who are being cared for away from their own homes as well as to those remaining in their own homes; it includes cases in which the public agency arranges for foster care to be given by private agencies and institutions, as well as those in which foster care is given directly by the public agency.

When the public agency has accepted responsibility for a child it cannot delegate its obligation to meet the needs of the child, including protection of his relationships to his family. Therefore, the record of the public agency must show that this obligation is being met. Definite plans made in collaboration with agencies or institutions undertaking specialized forms of service for children who remain the re-

sponsibility of the public agency should be recorded. The record should also include current information regarding the child's development and his relationships to his family.

Summarizing the main points in regard to content, the record should show the following:

1. That a child-welfare problem exists, and the nature of the problem.
2. The kind of help the child needs, and its availability.
3. The measures to be taken in treatment, in relation to the child's family, the community, and the individual child, and changes in treatment.
4. The services given directly by the public agency and those provided by other agencies.
5. Reasons for terminating the service of the agency.

Discussion of the essential content of records relating to social services for children will be divided into three sections dealing with methods of recording: (1) Request for service; (2) the nature of problems and treatment indicated; (3) the treatment process.

## Request for Service

Every request for child-welfare service should be given attention as indicating that some form of social service may be needed, even though the specific kind of aid requested may not be required. The method of recording the request for service and the details obtained will depend upon the way in which the request or the information in regard to need comes to the attention of the agency. Especially in rural areas, requests for child-welfare services may not come directly to the child-welfare division from parents or relatives so frequently as they come from other divisions of the public-welfare department or from courts, teachers, doctors, clergymen, and others having knowledge of the situation which appears to require attention. These sources of information place upon the agency the responsibility for determining whether or not the welfare of the child is being threatened to a point where the agency has a valid reason for making contact with the family. The record should show clearly the basis for decision to make a contact with the family.

Information obtained in the first intake interview may be fragmentary, but every effort should be made to secure information sufficient for clearing with the confidential exchange or with other agencies as soon as possible as the first step in determining whether the case should be dealt with by the child-welfare division.

A case record is not usually made if the request is followed immediately by withdrawal or by referral to another agency, but it is essen-

tial that the information obtained should be a matter of record in some form and preserved for possible use later. If it appears that the situation does not require service by a child-welfare worker, the information obtained and recorded need not go beyond the facts required in order to refer the case to the appropriate agency.

When a case has been accepted for service a record should be begun and a face sheet made. (See p. 34.) The following list may serve as a guide to intake items on which information should be entered in the case record:

1. The reason for the request. The problem as the person making the request sees it.
2. The immediate circumstances which indicate that some kind of service is needed.
3. The kind of help, if any, which has been or is being given to the child and his family by neighbors or by agencies.
4. If the request does not come directly from the parents or other relatives, a statement showing whether the family knows that the request is being made, its attitude in regard to receiving help from the agency, and the information, if any, that has been given to the family in regard to the agency's services.
5. The connection with the family of the person making the request for service (for example, neighbor, relative, teacher) and the kind of service which he thinks is needed. Explanation by the agency of the service which it may undertake.
6. The family's interpretation of the problem; the type of services desired by the family.
7. Facts concerning the composition of the family and how it may be identified and located.
8. The decision that was reached concerning the request: acceptance by the agency of responsibility for exploring the situation further in order to give service which may be found to be needed, or acceptance for service on the basis of information in hand.

## The Problem and the Treatment Indicated

### *Exploration of Need.*

There is usually a period following the acceptance of the request for service of some kind during which emphasis is placed on exploring the causes of the difficulty and determining the need for service which can be provided by the child-welfare worker. Treatment actu-

ally begins with the initial interview, and exploration of the needs of the child continues throughout the period of treatment. No sharp line, therefore, can be drawn between the process of ascertaining the services needed and the initiation of treatment. The process of securing the information essential to understanding the problem and the personalities involved may extend over a short or a long time, depending upon the nature of the need and the individual's ability to discuss his difficulties.

Determination of the services needed usually begins with the first interview, when the parent discusses his difficulties and the kind of help he wishes from the agency. However, particularly in rural communities, many requests, some of which may be called "complaints of neglect," come from persons other than the parents and are often related to conditions in the home as well as to problems of the individual child.

Frequently the parent may not have recognized or have been able to express a need for service. Treatment, therefore, may begin with helping the parent to recognize the child's difficulties and to accept the assistance needed in dealing with them. Exploration of the problems involved, their effect upon the child, and the potential ability of the parent to deal with them continues with the succeeding steps in treatment.

In some instances the agency's first contact with the family may follow a court decision that the child should be removed from the home, and services to the family before separation therefore may not be possible. The record should then show clearly the reason for court action and the conditions under which the child was received, and it should include definite information regarding the legal status of the children. Although in such a situation the agency's approach and, therefore, the record begin at a point other than a request for service, the information necessary for an understanding of the individuals and the causes of their difficulty should be obtained and recorded.

Decision as to the kind of treatment needed is based upon an understanding of the causes of the problem affecting the child, of what the family can do for itself, and of the help the family or the child requires from the social agency. The extent of the information the worker needs in order to understand the problem, as well as the point at which the information is needed and the sequence of securing the information, varies with the personalities concerned and the kind and degree of help which is to be supplied. The record, therefore, should set forth clearly the nature and degree of the family's ability or inability to meet the child's needs, any conditions which prevent the normal functioning of the family, and the kind of help that is

needed from the agency. Certain points of focus in recording this information are generally essential:

1. The reason for the agency's approach to the family.
2. The way in which the family and the child look upon their problems and the kind of help they wish from the agency.
3. The nature and causes of the child's difficulties, how he has reacted to them, and the bearing they have on his total situation.
4. Information concerning the family's economic situation, its social status in the community, its cultural interests, and its religious affiliation.
5. Information concerning the child's place in the family unit, his relationships to its other members, and the way in which these affect him.
6. The process by which the worker obtained information and determined need; the response of the family, and the points at which the agency and the family are working together.
7. The areas in which the family is able, and also those in which it is unable, to deal constructively with the child's problems, as well as conditions which prevent the normal functioning of the family.
8. Conditions in the child's environment outside his home, such as the school and community, which affect his situation.
9. Potentialities within the child or his family which, if given an opportunity for growth, could be strengthened to meet the problems.
10. Advice obtained from medical, psychiatric, legal, and other professional sources as a means of better understanding the problems involved.
11. A clear definition of the child's (and the family's) need as seen by the worker, supported by information secured and recorded.
12. A statement as to the kind of service that is necessary to meet the child's needs, such as assistance to parents in their care of the child or specialized services to parents which may be provided to the child remaining in his own home or away from his home.
13. Information concerning the family's financial ability to meet wholly or in part the cost of special kinds of treatment in relation to the length of time over which the expenditures must continue and to other responsibilities carried by the family.

When foster care is being considered as a part of treatment it is necessary to obtain certain information in the light of the greater

responsibility which the agency must assume for the child, as a basis for decision as to the advisability of separation and foster care, and for the purpose of choosing the type of foster care best suited to the child's needs. This information may differ in degree of completeness or in emphasis from that which has already been secured in relation to previous treatment.

The special information needed when foster care is involved depends on such factors as the probable duration of foster care, the purpose it is to serve, and the degree of responsibility which the parents will continue to carry while the child is receiving foster care. The information necessary when foster care is to be provided for a child during his mother's illness would differ from that needed when foster care is being considered for a neglected child whose parents are unable to care for him properly and who may need long-time care.

Information in relation to providing foster care may include:

1. Knowledge of the child's relationships with his family, particularly the nature of his feelings toward his parents in the light of his fundamental needs, his reaction to separation from his parents, and the cultural interests of the home.
2. Information regarding the parents' reaction to separation from the child; their ability to work with the agency in sharing responsibility with foster parents; and their potential ability to resume the care of the child after a period of foster care.
3. Information regarding the child's relatives, their relationship to the child, and the part, if any, which they can play in supplying for the child the security associated with being a part of a family unit which may be needed to supplement the foster-care treatment.
4. When permanent separation, such as adoption, is probable, the record should include more complete information concerning the child's health, intellectual and social development, personality, and heredity. It should also include information concerning his legal status.

### *The Plan of Treatment.*

During the period when exploration of the problem is in process, perhaps accompanied by some action, the elements of treatment become crystallized so that a plan can be made. The plan should appear in the record as a statement of the problems to which the worker intends to apply treatment; the reasons for her course of action, and what she is working toward in the solution of the problem. The statement may be brief, perhaps merely suggesting the next steps to be taken. The nature of treatment may change frequently; therefore the plan should be tentative and flexible.

If the procedure indicated in the plan of treatment cannot be followed, the record should show clearly why the plan could not be carried out in relation to the child in question.

## The Treatment Process

### *Purpose and Methods of Treatment.*

Social services for children whose home conditions or personal maladjustments or disabilities necessitate assistance by social agencies include:

> Services related to conditions in the home which affect the child adversely through hindering his physical, mental, emotional, and spiritual growth, or endangering the development of his personality.
>
> Services to parents who, either because of circumstances over which they have no control or because of emotional or other personal difficulties, are not able to meet the needs of their children.
>
> Services related to the child's personality—his conduct, habits, or mental and physical health.

When decision has been made as to a course of action, even though it is known to be tentative, the case record should show clearly the purpose in treatment and the steps taken toward this objective:

1. Treatment procedures, including a continuous picture of what happens between the worker and the family, or between the worker and the individual child, in relation to the child's problems.
2. Resources made available to the child or his family, the use made of these resources, and the results obtained.
3. Reasons for modifying or remaking the plan of treatment.
4. Periodic review of the situation and evaluation of results.
5. When a case is closed (because the child has received the services required, or because his problems have not yielded to treatment, or because responsibility has been transferred to another agency) the reasons for termination should be recorded.

Treatment is sometimes complicated and tentative; changes in situations and consciously planned shifts in treatment need to be highlighted in the record in order to clarify the thinking of the worker and to crystallize the services of the agency. The record should show these changes at the points where they occur.

### *The Child and His Family.*

In the development of public social services for children in rural areas child-welfare services center around the child in his own home and in the setting of his own community. Except in the compara-

tively small proportion of cases in which a child has no family ties or in which his custody and guardianship have been removed permanently from his own family by court action, social services to children, whether given to children who remain in their own homes or to those cared for away from their homes, are related to the child's family. The services needed by a child and the forms of treatment which may be effective cannot be determined without taking into account his family relationships and home conditions as they affect his present situation and his future life; therefore, specialized services, such as foster care, should be woven into the whole fabric of case treatment from this point of approach.

Social services with special reference to children in a family group may be required for a variety of reasons, among which are: Conditions in the home which endanger the health or morals of children, such as overt neglect or mistreatment, and which necessitate intervention for their protection; ignorance or mental deficiency or instability of the parents which makes them unable to provide proper care and protection for their children or to give them needed guidance; parental discord which threatens the security of the family life; family relationships and attitudes which may have a harmful effect upon the emotional development of the children; lack of opportunities in the home for healthy development of the children; and inability of parents to understand or to cope with behavior problems of their children. If these conditions are neglected they may result in maladjustments or behavior problems, emotional instability, mental retardation, or injury to health.

When the question of recording services in behalf of children is considered, the problem is not to fix a line of demarcation on the basis of the functions of various agencies but to point out the importance of recognizing conditions which affect the welfare of children and of making sure that the case record gives a picture of what was done in regard to the child as a member of the family group and as an individual. In order to do this, workers must be qualified by training and experience to recognize child-welfare problems and to deal with them effectively.

Although the major part of the work done by children's workers in the recently developed public child-welfare services concerns conditions or needs directly related to the children's families, there appears to be a certain amount of indefiniteness in regard to this area of service. At the present stage of development of public child-welfare and family-welfare services in most parts of the country a division of responsibility on the basis of organizational functions would not be likely to bring adequate attention to child-welfare problems. The principles governing treatment of children's problems and the consequent recording of the treatment process are the same, regardless of

the agency or departmental division doing the work. The recording of the treatment process requires clear thinking on the part of the worker as to the nature of the problems with which she deals, her purpose in treatment, and the relationship of her work to the activities of other agencies or divisions.

### *Treatment of the Child and His Family.*

When case work with the family is required as part of the treatment of a child, the case record should show the treatment procedures and should give a continuous picture of what happens between the worker and the family in relation to the problems of the child. It should show that social service for the family has included recognition of the health, education, personality, and development of each of the children in the family, even though actual treatment may be directed to only one of the children. It should also show that treatment of the child as an individual takes into consideration the relationship of the entire family situation to the child's difficulties.

The record should show, as part of the worker's continuing observation of the child's development, how the child is being affected by the influences under which he is living and what is being done by the worker or by other agencies in regard to the family situation.

The causes underlying the parent's inability to care for his child may be related to economic conditions under which they must rear the child or to individual problems or personal limitations of the parents, such as emotional instability, poor health, subnormal mentality, or limited education. Treatment, therefore, may be directed toward bringing about changes in living conditions or toward helping the parents with their emotional or social problems, particularly as these may be related to their ability to understand and meet the child's needs.

Because of the diversity of family problems and their interrelation, treatment usually requires a diversity of services, and several interrelated services may be given at the same time. The record should indicate the nature of the services that are being given and the way in which the individual responded to them or was able to make use of them. These services generally include:

1. Counseling with the parent on problems on which he wishes help.

   When this service is needed, the record should show that the individual is able (or wishes) to keep responsibility for dealing with his problems but uses the agency for consultation and for the help he receives from talking out his problems with an understanding person.

2. Education and guidance which relate to the child's care and development.

   This service may include information and guidance to the parent (or child) in relation to health care or habit training of the child or ways of contributing to the child's emotional security or intellectual growth. The record should show how the worker was able to stimulate in the individual a desire to do something about his problem, the worker's recognition of the individual's capacity to deal with his problems, his tempo of learning, and his response to receiving such help.

3. Help to the parent in the reorganization of habits or in the modifying of attitudes which may result indirectly in better care of the child or which may prevent new or increased difficulties.

   In this service the record should indicate that the worker assumes responsibility for bringing about change as well as the way in which this was done. For example, the worker may provide the security of a relationship in which the individual can reveal his fears and in which he may develop the confidence and self-esteem he needs in order to deal more adequately with his situation. The purpose of this service and its place in relation to the needs of other members of the family as well as to the needs of the individual should be made clear in the flow of the record.

4. Supplementing the parent's care of the child at points where he is not able to function.

   This service may range from a relationship of encouragement and support to the parent, to supplementation, direct or indirect, of the parent's care of the child in matters such as providing medical attention or clothing. It may include a relationship between the worker and the child for the purpose of providing the guidance and security that the parent is unable to give. The points at which the agency supplements the parent's function should be clearly shown in the record, and also whether the supplementation is for a temporary or a long-time period.

The record should show the emphasis and focus of treatment—that is, whether the child's problems are largely the reflection of the parent's difficulties and the ways in which treatment of the parent's difficulties may be a means of dealing with the child's problems; whether treatment is to be provided for the parents and the child simultaneously; or whether the child's problems are such that the major treatment must be given to the child direct.

In instances where treatment given to the parent when the child is in his home is not effective and his removal from the home is necessary, the record should show the methods by which the worker interprets the need for this change and enlists the participation of the parents and the child in the plan for foster care. If it becomes necessary to

remove the child permanently from the home and the legal rights of the parents are abrogated by court action, the record should give the facts of the legal action and the arrangements connected with the relinquishing of parental responsibility. The record should also show the way in which this action was interpreted to the child and to the parents.

***The Child's Social Relationships.***

Treatment of the child's problems must take into account the factors in the home and in the community which have a bearing on his physical, mental, emotional, and spiritual development, as well as physical handicaps, mental status, and personality traits which affect his social relationships. Although the child's family and conditions in his environment are always given consideration in relation to his difficulties, case-work services to the child may not always be accompanied by services to the family.

Disabilities or difficulties such as the following necessitate case-work services with particular emphasis upon the individual child: Behavior problems of the child in the home, the school, or the community; retarded mental development, mental deficiency, mental or emotional instability or psychotic conditions; retarded physical development, malnutrition, disease, or physical handicaps; rejection of a child by his parents, which endangers the development of his personality; overt neglect, abuse, or mistreatment by parents or by other adults; complete or partial loss of parental care because of the death, chronic illness, desertion, mental illness requiring institutional care, or imprisonment of the parent, or because of other serious disruption of normal family life which necessitates a temporary or long-time period of care of the child away from his own home.

The child-welfare worker not only must have the professional skills necessary for dealing with problems such as these, but also must know how to use the resources afforded by other agencies. Many of the problems which bring children to the attention of social agencies must be approached from several angles, and the child-welfare worker enlists the aid of the various forces in the community which may provide for the child the strengths, the incentives, or the satisfactions lacking in his home life, as well as the help of agencies giving specialized child-welfare services. She must know how to find and how to utilize these resources, and how to integrate her own services with those of other agencies.

The record should show the efforts made to give the child opportunities which may be of benefit to him in relation to the problem with which the child-welfare worker is concerned. If, for example, a child's behavior seems to be related to a lack of opportunity for

recreation he may be helped by finding wholesome outlets for his normal desires for companionship or self-expression or the opportunity to follow some special bent or hobby. A plan for utilizing community resources may supplement direct work with the child or may be decided upon as the sole approach to his problem at a particular time. The use of community resources should be clearly recorded as a part of the plan of treatment.

***Services in Cooperation With Other Agencies.***

The manner in which case-work services to a family or to an individual child are recorded by the child-welfare worker depends upon whether services to the family or to the child are provided entirely by the child-welfare worker or whether the plan for child-welfare services includes service of some nature by another division of the public-welfare agency, a private agency, or a clinic. Cooperative services may be recorded as follows:

1. When case-work services to the family are given by the child-welfare division in cooperation with another division of the public-welfare department, the child-welfare record should be supplemented by periodic summaries of the services given and also by summaries of periodic conferences between the two divisions or agencies.

2. When treatment includes foster care by the child-welfare agency and case-work services to the family are given by another agency, the record should include periodic summaries of conferences between the two agencies showing the way in which the services of the two agencies are integrated, progress made by each agency, and changes in plans of treatment.

3. When social services to the family and foster care are both given by another agency, but with the public agency having continuing responsibility, the public child-welfare record should include at intervals summarized reports of the family situation, the child's progress, his relationship to his family, and the plan of treatment. (See p. 25.)

4. When consultation on the problems of the children is given by the child-welfare agency to another agency carrying the major responsibility for case-work services to the family, the latter agency should keep the major family record, which should include summarized reports of the consultation conferences. The child-welfare agency needs to keep only an index record showing such items as identification of the family, the reason for consultation, dates of consultation conferences, and reason for termination of consultation service.

***Community Resources.***

The case record should show that the worker was aware of possible relationship between community conditions and the handicaps or maladjustments of the children dealt with. The use made of community resources essential to treatment—such as church, school, recreation facilities, medical service, child-guidance clinic, special training, material aid and service to families, and foster-care facilities—should be recorded.

The public child-welfare agency has the responsibility for seeing that each child is given the kind of service his needs require; and if facilities are lacking, the record should show why it was not possible to provide the services indicated in the analysis of the child's needs. If the necessary services are not available in the community, the record should also show what efforts were made to make them available or to compensate for their absence.

It has been stated in the section, The Purpose of the Case Record, that "the secondary purpose of the case record is to furnish data on social problems and the ways in which they may be dealt with constructively." The case record may be a most valuable source of information which may lead to provision of resources needed for adequate treatment of individual problems and for the prevention of hazards to the child's development.

## Foster Care as a Form of Treatment

***Recording Foster Care.***

Foster care, as has been indicated, is one of many forms of service which may be required in the treatment process. This type of treatment is dealt with separately because of the added information which it is necessary to include in records relating to children for whom the agency has assumed this greater degree of responsibility and because of the change of conditions under which treatment is given.

Case treatment, except in rare instances, continues with the family as well as with the child when care of the child away from his own family, either permanently or as a temporary measure, becomes necessary as a part of treatment. The family is dealt with as a unit regardless of whether the members continue to live together or are cared for separately.

Foster care may be provided by the public agency direct or it may be provided by the public agency through the use of private child-caring agencies or institutions in the community. Whatever the type of foster care considered or the means by which it may be supplied, the public agency carries continuing responsibility for the child and his family.

Various methods of organizing the record when a child is receiving foster-care treatment have been used by agencies, but the main consideration should be the importance of continuing the record on the basis of the family as a unit. The method will depend upon whether the public agency provides the foster-care services direct or through the use of other child-caring agencies or institution and upon the number of children in the family who are receiving foster care.

Two plans which have been used when the public agency itself provides foster care are: (1) Continuation of the family record, with chronological entries of contacts with the family and with the children in foster care. This method makes free use of marginal headings as a means of easy reference for individual children. (2) Continuance of the family record for interviews with the family, with a separate section within the family folder for each child receiving foster care. The latter method is most frequently used when there are a number of children in the family receiving foster care. With either arrangement the record is a continuing family record.

If the public agency is making use of other community facilities for full-time foster care, such as an institution or a private child-placing agency, the record should show the public agency's continued responsibility for both the child and his family. It should indicate clearly how the responsibility is shared between the two agencies in relation to case-work services and to financial support. When the institution or child-placing agency is also providing case-work service to the child and to his family, the record should contain periodic reports from the institution or agency which furnish evidence that the treatment provided is compatible with satisfactory progress of the child.

The record should also contain summarized information on periodic conferences between the two agencies in regard to the progress of the child and his family and the responsibility shared between the agencies. If case-work services for the child are not provided by the agency or institution giving foster care, the record should show fulfillment of the public agency's direct responsibility for the treatment needed by the child. Similarly, definite arrangements for services to the family by the private organization or by the public agency should be shown in the record.

*Preparation for foster care.*—When the need for treatment through foster care has been determined, the record should show what has been done to help the child to understand and to accept separation from his parents and environment and the new experience of living in a foster home. Such preparation may be a gradual process and may be shared with the parent. The process by which it was done as well as the child's reaction and participation should be shown in the record.

The record should also show the way in which the parents were helped to meet separation from the child and their reaction to the separation and to sharing responsibility for the child with the agency and the foster parents. The parent's knowledge of the procedures involved in placement of the child, the arrangements for visiting the child, financial support, medical care, and the basis upon which treatment of the family is to continue should be indicated clearly in the record.

Planning with the foster family or institution for the coming of the child (including information concerning the child and his parents), the agency's purpose in foster-care treatment, and the arrangements agreed upon for sharing responsibility, should be shown in the record.

*The placement of the child.*—Information in regard to the placement of the child for foster care should include evidence that the home has been selected because it will insure provision for the physical, emotional, educational, and religious needs of the child, and that consideration has been given to any special handicaps or problems of adjustment. The running record of treatment should contain statements regarding the arrangements that have been made with the parents, the foster parents, and the agency responsible for the child. It should also show the way in which the parents and the child met the separation and the way in which the child met the new experience, his acceptance by the foster family, and his response to them.

*Continuing service for the child.*—Although the public agency has full responsibility for the care and training of the child, it shares this responsibility with the foster parent or with the institution which provides the child's day-to-day care. The flow of the record should indicate whether the worker assumes major treatment of the child's problems or whether such treatment is being carried indirectly through the foster parents. The reasons for the plan of treatment should be clear as they relate to the purpose and length of placement, the relationship to the child that is maintained by the natural parents, and the foster parents' ability to understand the child and his family and to be of help to him.

The record should show that the agency is aware of the child's needs and what is happening to the child's development and his relationship to his family, whether his needs are being recognized by the foster parent or institutional staff, and the methods that are being used to meet those needs.

Treatment of the child in foster care, and therefore the recording of such treatment, differs only in part from treatment of the child living with his parents. In foster care, treatment must take into consideration the altered circumstances under which the child must live and their effect upon him, and the greater responsibility assumed by the agency. The child placed in foster care has left the security

that lies in a familiar world, and with varying degrees of fear faces an unknown pattern of family and community life. He must make continuous adjustments to the changes he encounters and adapt himself not only to new individuals but to a new relationship with people he has known. Authority is no longer centered in his parents but is shared by the foster parents and by the social agency which places him in foster care.

Other considerations which relate definitely to treatment of the child receiving foster care, and which should appear in the record, include the following:

1. Assurance that the child in his daily life has the security of a personal relationship with some understanding adult whom he trusts and in whom he can confide.
2. Continuous observation of the child's physical condition and such physical examinations and medical attention as may be indicated. The condition of the child's health may be shown both on health records designed for this purpose and in the chronological record where its social significance and treatment are elaborated.
3. Knowledge of the intellectual stimulation and educational opportunity that the child is receiving both at school and in the foster home as they relate to his ability, aptitudes, and social development. For children of school age, progress should be shown in the record by school reports as well as by recorded interviews with his instructors.
4. Knowledge of the guidance that the child is receiving in the development of character and in an appreciation of religious and ethical values.
5. Assurance that the child has opportunity in the community for selective companionship and recreation. Conformity, in relation to the standards of his group, in matters such as clothing and spending money should be made possible and should be practiced.
6. Understanding on the part of the foster parent and agency of the child's relationship to his parents and the help he is receiving from them in strengthening this relationship or, when necessary, in bringing about a constructive separation.
7. Consciously developed and consistently maintained relationship between the worker and the child according to the child's need.
8. The process by which the worker learns from the foster parents the kind of care the child is receiving and how it is meeting his needs, and the process by which the worker gives the foster parents the help they need in understanding the child or his parents and in methods of giving guidance.

When removal of the child from one foster home and placement in another home is necessary, the record should show the way in which the child was given an understanding of the reasons for the change and his opportunity for participation in the selection of the new home.

The record should show continued service to the child for as long a period as is needed, without regard to chronological age. When the child no longer needs service from the agency, the record should contain evidence that: (1) The child has reached an age and a maturity that enables him to live as an independent adult, or (2) if the child is returning to his family, that the family is able to care for the child and that the services needed during the period of the child's readjustment to his family were given.

*Continuing family service.*—During the period of foster care the agency gives leadership, as it is needed and can be used, in helping the parents to work together with the agency and foster parents toward the child's adjustment to his total situation. It also gives such help to the parents with their individual problems as they need or are able to accept.

Treatment with the parents which should be shown in the record has points of focus that frequently include:

1. Assistance in bringing about the changes necessary for the child's return to his family in relation to the parent's attitudes or to living conditions; also in planning with the parents in preparation for the return of the child.
2. When rehabilitation of the home seems unlikely, but when the child's ties of affection to the parents should not be broken, help is given to the parents to function as good "visiting parents." Sometimes parents who because of immaturity of personality have been unable to give adequate care to their child in their own home, can with help respond to the child's needs for short periods of time, such as during visits to him in the foster home.
3. Help to the parents in recognizing and bringing about permanent separation from the child when this is necessary as a part of treatment.

### *The Foster Family.*

Recording the process of finding and selecting foster homes presents a different focus in content from that relating to the child and his own family and requires a separate record. The purpose of the foster-home record is to give a clear picture of the family selected by the child-welfare agency to give parental care to a child who must live away from his own home and the environment in which the child would live. The foster home is actually "in the intake process" until

it is approved or disapproved, with study and diagnosis going on simultaneously.

Since the foster home is to be a substitute for the security which an own family usually provides, the record should show that there is a family unit that can provide an environment in which a foster child can have a growing experience in living and that the child will have freedom to develop relationships with adults whom he can love and trust. With this as a goal, the foster-home record will contain information brought out in the interviewing process that substantiates the decision by the agency and the prospective foster parents to work together in the care of children. This process begins with a study that is concerned first with the potential value of the home for agency use. After its acceptance for use by the agency, consideration is given to the value of the foster home in relation to the child or children who are to be placed in it.

*The application.*—The study begins with the foster parents' application, which may have been made by letter, by telephone, or in person. This application interview should be exploratory and definitive on the part of the applicants and agency. In the application interview the applicant makes known his need and his offer; the agency in turn makes known its need for foster homes in the care of its children and its way of working with them.

Use may be made of an application blank in the initial interview as a concrete method of making real to the applicants the degree of responsibility shared by them and the agency. Also through the use of the application blank, much of the necessary information—age and nationality of the foster parents, family income, number of rooms, references, and so forth—can be secured simply and directly, making it possible to use interviewing time for becoming acquainted with the foster parents as people.

The recording of the application interview should include the following information:

1. Whether the prospective foster parents took the initiative in coming to the agency to present their need for giving a home to a child, or whether the agency had to seek the home.
2. How the foster parents expressed their need for a child—such as a source of additional income, company for their own child, or lack of a child of their own.
3. How the agency's responsibility in the care of children through a foster-home service was presented to the applicant and what would be involved in the study of the home, out of which would come the decision as to the use of the home. This would also include the agency's way of working with the foster parents, and arrangements as to rate of board, pro-

vision for medical care and clothing, and visits with own parents.

4. The way in which prospective foster parents respond to the agency's requirements. An indication of this might be whether care is exercised in supplying the information required; also, whether time is taken for further consideration of this step or whether they wish to move ahead immediately.
5. What the applicant reveals about the home he has to offer a child and his plan for including a foster child in the family life.
6. The decision made (*a*) by the applicants as to whether they wish to withdraw or wish the agency to continue with the study; (*b*) by the agency as to whether the home should be studied or eliminated at this point and the interpretation of this decision to the applicant.

*The continuing study.*—The study continues the process initiated in the application interview through a series of visits to the home, the number of which depend upon the development of the relationship between the applicant and the agency. The emphasis in this study should be upon obtaining more complete understanding of the family as people, their way of living, and their attitude toward a child for whom the agency is responsible.

In the continuing study the following points are generally covered and recorded:

1. The continued response of the foster parents in regard to their need for a child and the way in which the agency accepts that need and works with it.
2. Discussion of aspects of the home, such as make-up of the family, the conveniences and comfort of the home, the standard of living in relation to cultural interests and income, the family's health, their interests and activities outside of the home, school and recreational facilities which would be used for own children and for the foster children, and religious training.
3. The quality of the developing relationship between the applicants and the worker, which would indicate their capacity for working with the agency in caring for children placed with them.
4. The characteristics of the applicants which reveal their suitability as foster parents. Flexibility, personal warmth, imagination, maturity, readiness for the responsibility inherent in caring for a child from the agency, and recognition that his own parents may play an important part in the

child's life—such characteristics would provide the basis for the selection of the home for a particular child.

5. Evaluation of each reference as to knowledge, judgment, standards, and relationship to applicants. The helpfulness to the agency of persons used as references is dependent upon the understanding which they have of the agency and of what is involved in foster care as interpreted by the worker. Information pertaining to professional fields should be distinguished from social or other information obtained from the same sources.
6. The worker's evaluation of her experience with the applicants. This would include the kind of environment and relationship within which a child can achieve a reasonable measure of his potentialities. This evaluation would provide the basis for the selection of the home for a specific child.

*The home in use.*—After the foster home has been accepted for use by the agency, the record continues with entries at intervals which high-light the agency's evaluation of the home.

The use of the foster home in the care of children begins with the first placement, which is preceded by a discussion of those children needing placement for whom this home seems suitable. The response of the foster parents and their participation in the decision to accept or reject a particular child has a place in the recording, as it gives additional understanding of the potentialities of the home.

It is assumed that the experiences of the child in the foster home will appear in the record of the child and his family. The foster-home record will relate primarily to the agency's use of the foster home and will include information concerning the way in which the agency and the foster family are able to work together in the care of the child, and those experiences of the child in the foster home which are significant in relation to continued use of the home.

# Forms for Recording Essential Data

In the foregoing discussion of the purpose of the case record (pp. 4 to 5) it was stated that the case record is primarily a tool to be used in case treatment, but that it also serves to supply information needed by the community for interpretation of problems dealt with by the agency and its methods of treatment. Both of these functions of the case record are facilitated by the use of certain supplementary forms which make more readily available the information contained in the narrative or chronological record. These forms should be considered as an integral part of the recording process.

The following forms are suggested as aids in case treatment and in interpretation of child-welfare problems:

1. Form for intake data.
2. Face sheet of the record.
3. Index-statistical card.
4. Record cards for children in foster care.
5. Monthly summary.

The mechanism to be used and the specific items to be included will necessarily be determined by what is desirable and practicable in relation to the total child-welfare case load and the amount of service available. It is intended here merely to suggest items which may serve as the basis for the development of a system adapted to local requirements. It is assumed that counties will plan their methods in harmony with a system formulated by the State welfare department in order that there may be uniformity of practice in the various local units in the State, and that the local units will receive guidance from the State welfare department in compiling and interpreting social data as well as in methods of case treatment. Just as composite analysis of problems and methods of treatment is helpful to child-welfare agencies in relation to treatment of individual cases, so the State department will become better equipped to help the individual counties through study of summaries of problems and methods of treatment in the various local units and through comparison of trends throughout the State.

*Form for intake data.*—In the foregoing section, Request for Service (pp. 13 to 14), reference has been made to a form for entries of data relating to the request for service and the disposition made of the request. In some agencies this form is printed on a sheet, in others on a card 4 by 6 or 5 by 8 inches. As many of the items as practicable should be printed on the form so that those applicable may be checked. The purpose of this form is to provide information on *all* requests for child-welfare services which come to the agency and on their disposition. It should include data needed for clearing

the case with a confidential exchange or with other agencies, and the action taken should be entered and the form filed for possible future reference even when a case record is not made.

Information available on the form for intake data should include the following:

1. Source of request or referral. (Parent or other member of family; friend, neighbor, doctor, clergyman, and so forth; court; public-assistance division; other public official or agency; school; private institution or agency; and so forth.)
2. Brief statement of problem, or service requested.
3. Name and address of family; race or nationality; religion; variations in spelling of family name; aliases.
4. Members of family group: Names of parents and all children, whether in the home or out of it; date of birth of each member; whereabouts if not in the home. Names of relatives and others living as members of the household.
5. Clearance with confidential exchange or with individual agencies: Date cleared; information obtained.
6. Disposition of request. (Accepted for child-welfare services; advised—minor service only; referred to other agency—after investigation, without investigation; information sent to agency requesting investigation; request withdrawn; and so forth.)

In local units where the size of case loads and the number of workers make this practicable information is also entered on this form in regard to home conditions and problems of individual children at the time of acceptance for service, specified items being listed so that they may be checked if applicable.

For cases accepted for child-welfare service (for which case records are made) data required for monthly or other periodic reports may be obtained most readily and accurately if the "intake" form also provides for information on the following items, entries to be made as soon as practicable by the child-welfare worker:

*Plans for service:*
- To be carried by the child-welfare division only.
- To be carried jointly with another division or agency.
- Service to entire family group.
  - Number of children under 18 years in the family.
- Service to specified children (names).

*Aid to family by other public agencies at time of acceptance for child-welfare services:*
- None.
- Public assistance through—
  - Aid to dependent children.
  - Old-age assistance.
  - Aid to blind.
  - General relief.
- Earnings from work on public programs—
  - Work Projects Administration.
  - Civilian Conservation Corps.
  - National Youth Administration.

*Aid to family by other public agencies at time of acceptance for child-welfare agencies*—Continued.
Medical service received through—
Crippled children's services.
Health agency.
Other (specify).

The intake-data forms should be filed alphabetically so that they may be available for reference and for compilation of information. Those that did not result in acceptance for service should be filed separately. The data pertain to conditions at the time of acceptance; therefore the form should not be amended when the situation changes but should give a picture of conditions which made it desirable to provide child-welfare services.

*The face sheet.*—Although there are differences of opinion in regard to the type of data that should be entered on a "face sheet" and the ways in which this part of the case record may best serve its purpose, it is generally thought to be desirable to provide a printed form, to be filed with the case record, which contains certain facts needed for ready reference by the case worker. Child-welfare agencies have usually followed the custom of family-welfare agencies, in using a face sheet which begins with information about the family—race or national origin, name and date of birth of each member, occupation or school grade, physical or mental handicaps, and so forth. It is customary to include information in regard to all members of the immediate family, whether they are living in the home or temporarily absent, as well as relatives or others living with the family as members of the household. Difficulties involved in attempting to use the face sheet as a continuing record of shifting facts have brought about continuous experimentation by child-welfare agencies in an effort to devise a more workable system than the one commonly in use.

In considering the type of face-sheet information pertinent to social services for children it is necessary to take into account: (1) That in child welfare the child's need for service is the only basis of eligibility; therefore an "application sheet" of the type used in public assistance is not appropriate; (2) that the needs of individual children must be considered primarily in relation to their family and home conditions.

The original face sheet should include data pertaining to the situation at the time when the case was accepted for service—a permanent record which will not be amended but will stand as a picture of conditions at the time of acceptance. Births, deaths, temporary absences, and other changes in the household necessitate frequent revision of data. In order to make available information in regard to changes in the composition of the family group and essential facts concerning such changes, it is desirable to make out a new face sheet at regular intervals (or whenever some significant change has occurred) in order

that a picture of the family group may be available without the necessity of finding the facts in the running record.

It may be helpful to include in the case-record folder a form for information needed for ready reference, such as addresses of the family, directions for locating the family, names and addresses of relatives, references, and similar information which must be changed or supplemented frequently.

*Index-statistical card.*—In order to simplify the card system, it is commonly found to be desirable to combine on one card the information needed for an index of cases and the data for current or periodic compilation of statistics on children receiving service. Since child-welfare services are ordinarily provided on the basis of the family unit rather than individual children, this card should relate to the family and should contain information needed for identification of the family group and its members. Sufficient space should be provided for entries of changes of address. If changes in the composition of the family make a new card necessary in order to keep the information clear, the revised card should be dated and the old card should be attached to it.

This card should provide current data on the status of the case and the type of service being given. Entries should therefore be made by the worker responsible for the case, or by her direction, whenever a change is made in the type of service. The following items are suggested:

*Type of service:*

*a.* Case-work services in own home. (Specify whether work relates to entire family group or to individual children only.)

*b.* Cooperative service to family (not included in above item) with:
- Division of aid to dependent children.
- Public relief agency or division.
- Health agency.
- Crippled children's services.
- Private agency (name).
- Court.

*c.* In foster home, direct care of county:[2]
- Boarding home.
- Free home.
- Trial adoption home.
- Wage or work home.

*d.* In family-foster home under care of private agency but remaining under jurisdiction of county (name of agency and type of foster home).

*e.* In institution but remaining under jurisdiction of county (name of institution).

*f.* In foster home under care of another county but remaining under jurisdiction of this county.

[2] Data on placement with relatives should be entered in accordance with the practice of the agency.

It is increasingly the practice of local units in which there is adequate provision for child-welfare service to cooperate with State institutions in providing social services for the families of children in the institutions, even though they have passed out of the jurisdiction of the county welfare department, and to assume responsibility for assisting the children when they return to their home community. The necessary items to record such services should be included on the form.

For cases in which service was discontinued during the month, information should be entered as to the reason for closing or transferring the case, such as the following:

*Case closed:*

No further service needed.
Case transferred to aid-to-dependent-children division.
Case transferred to relief agency.
Case transferred to crippled children's services.
Child placed in an institution or with another agency, county agency not retaining jurisdiction (name of institution or agency and whether child was committed by court or transferred by some other arrangement).
Other reason (specify).

*Forms relating to children in foster care.*—In the discussion of the treatment process (pp. 24 to 31) it is stated that foster care, representing one of many types of service given to children, demands special consideration with respect to case recording because the welfare department assumes particular responsibility for children under its jurisdiction who are provided for away from their own homes. For the same reason it is necessary to keep special card records of these children in order that information may be readily available in regard to their whereabouts and the staff member responsible for their supervision. Such card records should be made for all children away from their own homes for whom the welfare department is responsible, whether they are under the direct care of the department or have been given into the care of private institutions or agencies, or are temporarily in a State institution. If the welfare department does its own child placing, it is of course essential that readily available records shall be kept also concerning foster homes in use and prospective foster homes.

Current or periodic reports concerning children under the care of public and private institutions and agencies are required by many State welfare departments.[3] These reports are sent to the department on prescribed cards or other forms which include data on parental status and similar items, as well as identifying information about the child, the care given, and changes in the type of care. Compila-

[3] Lundberg, Emma O.: Child Dependency in the United States, pp. 12–46. Child Welfare League of America, New York, 1931.

tion of reports to the State welfare department will be greatly facilitated if local welfare departments plan their card records of children in foster care so that data required by the department may be obtained readily from them.

*Monthly reports.*—The monthly summary data relating to child-welfare services has a threefold purpose; it should make available for social interpretation information which has a direct bearing on:

What the worker needs to know in order to understand her job.

What the local welfare board or officials and the community need to know about child-welfare problems and how they are dealt with, the adequacy of provisions made for meeting child-welfare needs, and community action required to provide resources not now available in the community.

What the State welfare department needs to know about problems and methods of work in local units in order to promote the establishment of adequate child-welfare service.

The case record, as has been shown, is an essential part of well-directed treatment of individual cases. The worker also needs the perspective which may be gained from a composite study of her cases. When a county has two or more child-welfare workers, a compilation and analysis of all cases dealt with makes it possible for each of them to see their work in relation to the entire problem in the county and to profit from the experiences of their fellow-workers.

In addition to data practicable for inclusion in monthly or other periodic reports, information obtained from the suggested forms will facilitate special studies of methods and results of treatment of certain types of problems and detailed analyses of case-work service which do not lend themselves to statistical compilation. The statistical cards, for example, will provide a key to case records which may be studied in relation to emphasis of treatment—work with the family as a whole or with an individual child, the types of approach, and the use of community resources. Through such studies the agency will attain increasingly effective case work.

Information made available in monthly reports on child-welfare services not only helps workers to understand better the problems with which they are dealing but enables them to interpret to the community what their task is and what they are accomplishing. It also furnishes facts which may be required in order to obtain necessary resources for prevention and for adequate treatment. Periodic reports are needed primarily by the local department of public welfare in order that it may understand the nature of child-welfare problems and resources needed for constructive treatment and that the department may interpret to the community the need for action by public officials, private organizations, and citizens concerned about the wel-

fare of children. The State welfare department likewise needs certain information from local units in order that the State may assist the county in developing more adequate resources and methods of treatment.

Through the use of the forms for current entries of significant case-record data accurate monthly reports may be compiled with a minimum expenditure of time and effort. Most of the State welfare departments have already formulated a plan for reports by local units on "movement of population" [4] and many of them have worked out forms for monthly reports in local units covering a wider range of information. The data made available on two of the forms suggested above—the form for intake data and index-statistical card—may be utilized on the monthly report, with detailed items under each topic to fit local needs, under any or all of the following headings:

Requests for service during the month, and disposition of requests.
Sources of requests or referrals.
Aid received by the family at the time of acceptance for child-welfare services.
Types of problems:
  Problems relating to the family and home conditions.
  Problems relating to individual children.
Families and children given service during the month.
Cases closed during the month—reason for closing.
Children given service on the last day of month:
  Case-work service in the home by child-welfare worker only.
  Case work in the home in cooperation with another agency.
  Foster care provided by county agency—types of care.
  Foster care provided by another agency or institution, children remaining under the jurisdiction of county agency.
  Case-work services for families of children in State institutions.

The reporting system of local units should be planned with the aid of the State welfare department so that there may be uniformity in the various counties of the State with respect to items which are essential in relation to a State-wide plan. The stage of progress of child-welfare services in certain counties may make it practicable for these counties to attain a higher degree of adequacy in reporting social data than will be possible in all counties of the State in the near future. The methods developed in these counties may form the nucleus of a continually expanding State-wide plan for case recording and reporting that reflects adequate case treatment. The same fundamental principles apply to the treatment of individual children no matter where they may live, and every community should understand its responsibility for supplying the social services needed for children whose home conditions or individual difficulties require special attention.

[4] The Division of Statistical Research of the United States Children's Bureau has developed a monthly report form covering the work of local child-welfare workers whose salaries are paid in whole or in part from Federal funds, which may serve as the nucleus of this part of a county monthly report.

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